		FOR OHF USE					

LL1

2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0002923

Facility Name: Heartland Manor Nursing Center

Address: 410 N. W. Third St. (Number) Casey (City) 62420 (Zip Code)

County: Clark

Telephone Number: (217) 932-4081 **Fax #** (217) 932-4922

IDPA ID Number: 370860567001

Date of Initial License for Current Owners: 12/18/64

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL		
	X	Charitable Corp.		Individual		State	
		Trust		Partnership		County	
IRS Exemption Code	501(c)(3)			Corporation		Other	
				"Sub-S" Corp.			
				Limited Liability Co.			
				Trust			
				Other			

In the event there are further questions about this report, please contact:
Name: Michael W. Martin **Telephone Number:** (217) 753-3858
Please send copies of desk review and audit adjustments to address on this page

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/03 to 06/30/04 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) _____
(Firm Name & Address) Altschuler, Melvoin and Glasser LLP, One South Wacker Drive, Suite 800, Chicago, IL 60606
(Telephone) (312) 384-6000 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	99	Skilled (SNF)	99	36,234	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,234	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	1,386	494	2,648	4,528	8
9	SNF/PED					9
10	ICF	10,026	9,000		19,026	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,412	9,494	2,648	23,554	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.01%

D. How many bed-hold days during this year were paid by Public Aid?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
Meals on Wheels

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 12/18/1964

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date N/A NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 28 and days of care provided 2,648

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 6/30/04 Fiscal Year: 6/30/04

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	230,218	14,921	6,236	251,375		251,375		251,375			1
2	Food Purchase		110,794		110,794		110,794	(8,968)	101,826			2
3	Housekeeping	82,340	17,790	309	100,439		100,439	(19,200)	81,239			3
4	Laundry	86,431	15,430	48	101,909		101,909		101,909			4
5	Heat and Other Utilities			79,962	79,962		79,962		79,962			5
6	Maintenance	44,407	4,519	50,296	99,222		99,222	(2,202)	97,020			6
7	Other (specify):*											7
8	**TOTAL General Services**	443,396	163,454	136,851	743,701		743,701	(30,370)	713,331			8
	B. Health Care and Programs											
9	Medical Director			5,813	5,813		5,813		5,813			9
10	Nursing and Medical Records	1,081,701	47,967	29,768	1,159,436		1,159,436		1,159,436			10
10a	Therapy		14,123	298,546	312,669		312,669		312,669			10a
11	Activities	50,226		5,663	55,889		55,889		55,889			11
12	Social Services	12,466		2,124	14,590		14,590		14,590			12
13	Nurse Aide Training			1,750	1,750		1,750		1,750			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,144,393	62,090	343,664	1,550,147		1,550,147		1,550,147			16
	C. General Administration											
17	Administrative	88,026			88,026		88,026		88,026			17
18	Directors Fees											18
19	Professional Services			37,889	37,889		37,889	(3,426)	34,463			19
20	Dues, Fees, Subscriptions & Promotions			9,395	9,395		9,395	(406)	8,989			20
21	Clerical & General Office Expenses	107,014	11,247	10,523	128,784		128,784	(880)	127,904			21
22	Employee Benefits & Payroll Taxes			330,115	330,115		330,115		330,115			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,706	4,706		4,706	(163)	4,543			24
25	Other Admin. Staff Transportation			1,224	1,224		1,224		1,224			25
26	Insurance-Prop.Liab.Malpractice			71,657	71,657		71,657		71,657			26
27	Other (specify):*											27
28	**TOTAL General Administration**	195,040	11,247	465,509	671,796		671,796	(4,875)	666,921			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,782,829	236,791	946,024	2,965,644		2,965,644	(35,245)	2,930,399			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heartland Manor Nursing Center #0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	D. Ownership											
30	Depreciation			88,955	88,955		88,955	(2,635)	86,320			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			5,258	5,258		5,258	(4,239)	1,019			32
33	Real Estate Taxes			5,127	5,127		5,127	(5,127)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			99,340	99,340		99,340	(12,001)	87,339			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	16,356	49,375		65,731		65,731		65,731			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,352	54,352		54,352		54,352			42
43	Other (specify):* Nonallowable Costs			48,717	48,717		48,717	(48,717)				43
44	**TOTAL Special Cost Centers**	16,356	49,375	103,069	168,800		168,800	(48,717)	120,083			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,799,185	286,166	1,148,433	3,233,784		3,233,784	(95,963)	3,137,821			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

****See schedule of adjustments attached at end of cost report.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(8,968)	2		4
5	Telephone, TV & Radio in Resident Rooms	(1,314)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(2,635)	30		9
10	Interest and Other Investment Income	(3,960)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,426)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(31,315)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See attached Pg 5A	(44,345)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (95,963)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (95,963)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Heartland Manor Nursing Center
Provider #: 0002923
07/01/03 to 06/30/04 **Schedule 5A**

VI. Adjustment Detail
Line 29 - Other

Non-allowable expenses	Amount	Reference

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Heartland Manor Nursing Center

ID# 0002923

Report Period Beginning: 07/01/03

Ending: 06/30/04

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Disallow finance charges & late fees	$ (279)	32	1
2	Disallow Chamber of Commerce, Rotary, NFIB dues	(406)	20	2
3	Disallow Rotary dues	(163)	24	3
4	Disallow repair of non-care assets (rental property)	(525)	6	4
5	Offset cleaning income from non-care asset			5
6	against related cost	(19,200)	3	6
7	Disallow rental utilities	(1,677)	6	7
8	Disallow real estate tax on non-care assets	(5,127)	33	8
9	Disallow bad debts	(7,069)	43	9
10	Disallow Part A lab/x-ray	(3,406)	43	10
11	Disallow non-allowable expenses	(880)	21	11
12	Disallow loss on sales of fixed assets	(5,613)	43	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(44,345)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heartland Manor Nursing Center **#** 0002923 **Report Period Beginning:** 07/01/03 **Ending:** 06/30/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(8,968)	0	0	0	0	0	0	0	0	0	0	(8,968)	2
3	Housekeeping	(19,200)	0	0	0	0	0	0	0	0	0	0	(19,200)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(2,202)	0	0	0	0	0	0	0	0	0	0	(2,202)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(30,370)	0	0	0	0	0	0	0	0	0	0	(30,370)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,426)	0	0	0	0	0	0	0	0	0	0	(3,426)	19
20	Fees, Subscriptions & Promotions	(406)	0	0	0	0	0	0	0	0	0	0	(406)	20
21	Clerical & General Office Expenses	(880)	0	0	0	0	0	0	0	0	0	0	(880)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(163)	0	0	0	0	0	0	0	0	0	0	(163)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(4,875)	0	0	0	0	0	0	0	0	0	0	(4,875)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(35,245)	0	0	0	0	0	0	0	0	0	0	(35,245)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 **Report Period Beginning:** 07/01/03 **Ending:** 06/30/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(2,635)	0	0	0	0	0	0	0	0	0	0	(2,635)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,239)	0	0	0	0	0	0	0	0	0	0	(4,239)	32
33	Real Estate Taxes	(5,127)	0	0	0	0	0	0	0	0	0	0	(5,127)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(12,001)	0	0	0	0	0	0	0	0	0	0	(12,001)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(48,717)	0	0	0	0	0	0	0	0	0	0	(48,717)	43
44	**TOTAL Special Cost Centers**	(48,717)	0	0	0	0	0	0	0	0	0	0	(48,717)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(95,963)	0	0	0	0	0	0	0	0	0	0	(95,963)	45

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See attached schedule		N/A		N/A		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V		N/A						2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2	N/A										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization N/A
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8		N/A								8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Leasehold obligation		X	Dishwasher	$59.00	6/1999	$ 2,420	$ 275	5/2004	0.1612	$ 109	1
2	Leasehold obligation		X	Electric beds	$1,277.00	3/2001	38,225	37,582	3/2004	0.1204	333	2
3	Leasehold obligation		X	Time clock	$132.00	12/2002	6,915	4,771	11/2007	0.0382	211	3
4												4
5												5
	Working Capital											
6	Union Planters Bank		X		none	2/2002	200,000		demand	0.0475	4,326	6
7												7
8	Various vendors		X	Finance charges & late fees						various	279	8
9	TOTAL Facility Related				$1,468.00		$ 247,560	$ 42,628			$ 5,258	9
	B. Non-Facility Related*											
10								Less: Nonallowable finance charges			(279)	10
11								Offset of interest income			(3,960)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (4,239)	14
15	TOTALS (line 9+line14)						$ 247,560	$ 42,628			$ 1,019	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2003 report.	*Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ N/A	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1999		8
2000		9
2001		10
2002		11
2003	N/A	12

Facility is a not-for-profit entity and is exempt from real estate taxes.

Real estate tax is paid on non-care assets; however, this is adjusted out of the cost report per the instructions.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2003	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, [illegible]

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heartland Manor Nursing Center COUNTY Clark

FACILITY IDPH LICENSE NUMBER 0002923

CONTACT PERSON REGARDING THIS REPORT David J. Sauer

TELEPHONE 217-932-4081 FAX #: 217-932-4922

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	Facility pays real estate taxes		$	$
2.	on non-care assets. All costs		$	$
3.	are adjusted out of the cost report		$	$
4.			$	$
5.	03-11-19-08-203-046	Lots 8 & 9 Sturdevant & Gobel Addn	$ 1,007.28	$ None
6.	03-11-19-08-203-047	Lots 4 & 5 Sturdevant & Gobel Addn	$ 1,147.00	$ None
7.	03-11-19-08-203-049	Lot 2 Sturdevant & Gobel Addn	$ 1,251.46	$ None
8.	NOTE: Attached real estate bills ar	for 2003 taxes payable in 2004.	$	$
9.	As a 6/30 year end facility payment	included on this cost report is for	$	$
10.	2002 taxes paid in calendar 2003.		$	$
		TOTALS	$ 3,405.74	$ None

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? See above YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 200 tax bill which is normally paid during 2004

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 31,047 B. General Construction Type: Exterior Brick Frame Steel Number of Stories One

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: N/A
2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization:
4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident care	152,472	1964	$ 24,000	1
2					2
3	TOTALS	152,472		$ 24,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	78		1964	1964	$ 385,838	$	25	$	$	$ 385,838	4
5			1966	1966	19,502		25			19,502	5
6			1970	1970	3,400		25			3,400	6
7			1972	1972	11,798		25			11,798	7
8	21		1996	1996	828,949	20,724	40	20,724		165,793	8
	Improvement Type**										
9	Building improvements			1973	7,123		10			7,123	9
10	Building improvements			1974	28,947	910	14-30	910		28,931	10
11	Building improvements			1975	7,064		10-30			7,064	11
12	Building improvements			1976	1,607	28	10-30	28		1,466	12
13	Building improvements			1977	1,808		7			1,808	13
14	Building improvements			1978	6,161		5-15			6,161	14
15	Building improvements			1979	949		10			949	15
16	Building improvements			1980	5,829		7			5,829	16
17	Building improvements			1981	1,376		7			1,376	17
18	Building improvements			1982	11,926		3-30			11,926	18
19	Building improvements			1983	6,263		5			6,263	19
20	Building improvements			1984	18,714		5-15			18,714	20
21	Building improvements			1985	5,800		5-15			5,800	21
22	Building improvements			1986	45,792	321	10-20	321		45,792	22
23	Building improvements			1987	27,687		5-15			27,687	23
24	Building improvements			1988	4,282		12-15			4,282	24
25	Building improvements			1989	2,869	191	15	191		2,733	25
26											26
27	Building improvements (less disposition of $2,795 in 2002-03			1991	631		10			631	27
28	Heating/air system			1992	80,277	4,014	20	4,014		52,850	28
29	Building improvements			1992	3,084		10			3,084	29
30	Building improvements			1992	2,168		10			2,168	30
31											31
32	Building improvements			1992	647		10			647	32
33	Building improvements			1992	4,263	284	15	284		3,339	33
34	Ceiling/floor			1992	49,925	2,498	20	2,498		28,399	34
35	Sprinkler system			1992	60,121	3,006	20	3,006		35,071	35
36	Storage shelving			1993	4,090	239	10	239		4,090	36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Storage shelving	1993	$ 1,003	$ 50	10	$ 50	$	$ 1,000	37
38	Resident security system	1993	3,909	195	20	195		2,231	38
39	Cabinets	1993	42,611	2,311	15-20	2,311		24,182	39
40	Heating/air/tubs	1993	29,226	1,444	20	1,444		15,344	40
41	Fire alarm system	1993	12,350	618	20	618		7,977	41
42	Plumbing and water system	1993	8,684	434	20	434		4,884	42
43	Cubicle tracking	1993	1,768	177	10	177		1,768	43
44	Building improvements	1994	10,493	517	20	517		5,028	44
45	Building improvements	1995	22,859	2,306	10-20	2,306		15,140	45
46									46
47	Architect fees	1996	74,806	1,872	40	1,872		15,448	47
48	Hvac/insulation/ducts	1996	30,292	759	40	759		5,568	48
49	Sprinklers	1996	9,774	183	40	183		1,708	49
50	Painting	1996	4,052	76	40	76		570	50
51	General contractor fees	1996	7,841	147	40	147		1,372	51
52	Electrical	1996	18,390	460	40	460		3,007	52
53	Chapel work - New Hutton	1996	12,572	629	40	629		4,925	53
54	Cubicle curtain tracking	1996	742	37	20	37		303	54
55	Room signs	1996	3,331	167	20	167		1,333	55
56	Emergency lighting Jones wing	1996	142	7	20	7		60	56
57	Bath systems Jones wing	1996	8,610	431	20	431		3,445	57
58	Sprinklers Jones wing	1996	340	34	10	34		272	58
59	Security locks Jones wing	1996	1,049	52	20	52		419	59
60									60
61	Call lights Jones wing	1996	1,881	94	11	94		752	61
62	Air filtration Jones wing	1996	2,081	104	20	104		832	62
63	Wiring-computers & phone	1996	2,970		5			2,970	63
64	Hallway support bars	1996	750	75	10	75		594	64
65	Capitalized interest-new wing	1996	4,700	118	40	118		941	65
66	Plumbing	1996	4,640	232	20	232		1,965	66
67	Electrical work	1996	4,662	234	20	234		1,891	67
68	Flooring	1996	2,400	120	20	120		940	68
69	Courtyard	1996	2,766	138	20	138		1,094	69
70	TOTAL (lines 4 thru 69)		$ 1,970,584	$ 46,236		$ 46,236	$	$ 1,028,477	70

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 1,970,584	$ 46,236		$ 46,236	$	$ 1,028,477	1
2	Concrete work entrance	1996	1,470	74	20	74		577	2
3	Building appraisal	1997	2,578	64	40	64		488	3
4	Chapel HVAC	1997	2,324	116	20	116		874	4
5	Stained glass window	1997	2,052	103	20	103		745	5
6	Steel door	1997	422	21	20	21		151	6
7	Hot water heater - North Wing	1997	3,838	192	20	192		1,392	7
8									8
9	Hand rails	1997	5,252	263	20	263		1,839	9
10									10
11	Walk in cooler	1997	11,524	576	20	576		3,985	11
12	Fire system work	1997	513	26	20	26		176	12
13	Key pad - security system	1997	360	18	20	18		123	13
14									14
15	Tile flooring - Lobby	1997	900	45	20	45		304	15
16	Hot water heater	1998	7,318	366	20	366		2,379	16
17	Bed light installation	1998	1,826	91	20	91		578	17
18	Hand rails	1998	1,413	71	20	71		445	18
19	Sprinklers	1998	708	35	20	35		221	19
20	Generator bypass switch	1998	1,567	78	20	78		483	20
21									21
22	Lighting - kitchen	1998	985	49	20	49		299	22
23	Paging system	1998	516	26	20	26		153	23
24	Room divider remodeling	1998	391	20	20	20		117	24
25	Bathroom lighting	1998	1,090	55	20	55		319	25
26	South wing remodeling	1998	165	8	20	8		47	26
27	Roof over generator room	1998	568	28	20	28		165	27
28	Bathrooms	1998	7,394	370	20	370		2,126	28
29	Bathrooms-South & Hutton	1998	6,197	310	20	310		1,731	29
30	Fire Alarm System	1999	1,317	66	20	66		346	30
31	Fire & Smoke Dampers	1999	1,664	83	20	83		423	31
32		1999	1,760	88	20	88		455	32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,036,696	$ 49,478		$ 49,478	$	$ 1,049,418	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 2,036,696	$ 49,478		$ 49,478	$	$ 1,049,418	1
2	Generator panel	2000	2,023	202	10	202		927	2
3	Gazebo	2000	2,733	273	10	273		956	3
4	Anti-scald valves (2)	2001	655	65	10	65		228	4
5	Shower floor replacement	2001	500	25	20	25		88	5
6	Dining room lights	2001	6,013	301	20	301		1,053	6
7									7
8	Toilet stools & seats	2001	1,414	141	10	141		407	8
9	Parking lot asphalt reseal	2001	5,032	251	20	251		691	9
10	Ceramic wall tile	2001	365	18	20	18		50	10
11	Washer & nurse call	2001	485	48	10	48		124	11
12	Bath fans	2001	150	15	10	15		39	12
13	Extend legs on links	2001	607	61	10	61		157	13
14	Wallpaper front lobby	2001	150	15	10	15		41	14
15	Remodel North & South showers	2002	2,332	116	20	116		261	15
16	Dorma 7605 EMF-T pullside fire door closers	2002	912	91	10	91		205	16
17	Water heater	2002	4,165	208	20	208		433	17
18									18
19	Compressor - freezer	2002	810	81	10	81		155	19
20	Compressor - kitchen air conditioner	2002	805	54	15	54		94	20
21	Carpet	2003	2,887	144	20	144		162	21
22	Bypass switch for generator	2003	2,166	108	20	108		216	22
23	Sign	2003	850	85	10	85		113	23
24									24
25	Natural Gas Water Heater	2004	3,736	140	20	140		140	25
26	Water Heater	2004	6,548	191	20	191		191	26
27	Wireless Monitoring System	2004	4,263	213	10	213		213	27
28	Water heater	2004	3,475	72	20	72		72	28
29	Lights, smoke detectors, other	2004	2,562	64	10	64		64	29
30									30
31	Reconciling items								31
32	Variance in IDPA records & cost report - 1992		26,230						32
33	Variance in IDPA records & cost report - 1993		(22,330)						33
34	TOTAL (lines 1 thru 33)		$ 2,096,234	$ 52,460		$ 52,460	$	$ 1,056,498	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 479,700	$ 32,142	$ 32,142	$	5-15	$ 331,946	71
72	Current Year Purchases	55,837	1,718	1,718		5-15	1,718	72
73	Fully Depreciated Assets	92,616					92,616	73
74								74
75	TOTALS	$ 628,153	$ 33,860	$ 33,860	$		$ 426,280	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Care	1994 Ford van	1995	$ 41,610	$	$	$	5	$ 41,610	76
77										77
78										78
79										79
80	TOTALS			$ 41,610	$	$	$		$ 41,610	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,789,997	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 86,320	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 86,320	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,524,388	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Aklinski building - 1994	$ 40,045	$ 1,027	$ 10,011	86
87	Aklinski concrete work-1994	3,900	195	1,495	87
88	Delaware house - 1996	17,550	450	2,813	88
89	Land- 1994, 1998, 2002	30,000			89
90	Repp house - 1998	38,500	963	3,490	90
91	TOTALS	$ 129,995	$ 2,635	$ 17,809	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93	N/A		93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions				N/A			4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	$
13.	/2006	$
14.	/2007	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ X NO

16. Rental Amount for movable equipment: $ N/A Description: N/A
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$ N/A	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM	
IN OTHER FACILITY	
COMMUNITY COLLEGE	X
HOURS PER AIDE	80

3. CLINICAL PORTION:

IN-HOUSE PROGRAM	X
IN OTHER FACILITY	
HOURS PER AIDE	40

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments		1,750		1,750
8	Nurse Aide Competency Tests				
9	TOTALS	$	$ 1,750	$	$ 1,750
10	SUM OF line 9, col. 1 and 2 (e)	$ 1,750			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	12
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	12

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10A (2), (3)	hrs	$	7,731	$ 115,958	$ 5,972	7,731	$ 121,930	1
2	Licensed Speech and Language Development Therapist	10A (3)	hrs		2,831	42,458		2,831	42,458	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A (3)	hrs		9,342	140,130		9,342	140,130	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 (2)	# of prescrpts				40,366		40,366	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39 (1),(2)	1692	16,356			5,971	1,692	22,327	12
13	Other (specify): See attached	various					11,189		11,189	13
14	TOTAL			$ 16,356	19,904	$ 298,546	$ 63,498	21,596	$ 378,400	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Heartland Manor Nursing Center
Provider #: 0002923
07/01/03 to 06/30/04 **Schedule 16A**

XIV. Special Services
Line 13 Other (specify):

Service	Line Reference	Outside Practioner Units	Cost	Supplies
Oxygen	39 (2)			3038
Respiratory Therapy	10A (2)			8151
Total			0	11189

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 06/30/04 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 82,993	$ 82,993	1
2	Cash-Patient Deposits	7,705	7,705	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 6,000)	523,696	523,696	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	2,909	2,909	5
6	Prepaid Insurance	74,903	74,903	6
7	Other Prepaid Expenses	34,565	34,565	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 726,771	$ 726,771	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	30,051	30,051	12
13	Land	54,000	24,000	13
14	Buildings, at Historical Cost	2,164,990	2,096,234	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	653,424	669,763	16
17	Accumulated Depreciation (book methods)	(1,494,216)	(1,524,388)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (sp Security Deposits	372	372	22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,408,621	$ 1,296,032	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,135,392	$ 2,022,803	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 182,669	$ 182,669	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,705	7,705	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	220,608	220,608	30
31	Accrued Taxes Payable (excluding real estate taxes)	5,428	5,428	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	Employee Annuity	976	976	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 417,386	$ 417,386	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Lease Obligations	42,628	42,628	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 42,628	$ 42,628	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 460,014	$ 460,014	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,675,378	$ 1,562,789	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,135,392	$ 2,022,803	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,648,723	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,648,723	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	26,655	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 26,655	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,675,378	24 *

Operating Entity Only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,622,754	1
2	Discounts and Allowances for all Levels	(25,507)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,597,247	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	463,744	6
7	Oxygen	21,980	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 485,724	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	8,968	14
15	Telephone, Television and Radio	2,358	15
16	Rental of Facility Space	10,675	16
17	Sale of Drugs	29,977	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	99,417	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 151,395	23
	D. Non-Operating Revenue		
24	Contributions	1,419	24
25	Interest and Other Investment Income***	3,960	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 5,379	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Pg19A	20,694	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 20,694	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 3,260,439	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	743,701	31
32	Health Care	1,550,147	32
33	General Administration	671,796	33
	B. Capital Expense		
34	Ownership	99,340	34
	C. Ancillary Expense		
35	Special Cost Centers	114,448	35
36	Provider Participation Fee	54,352	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 3,233,784	40
41	**Income before Income Taxes (line 30 minus line 40)****	26,655	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 26,655	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Schedule XVII (A) - Line 28: Other Revenue

Vending income	802
Oil income	311
Cleaning income	19,200
Miscellaneous income	346
Shirts & jackets	35
Total - Line 28	20,694

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,940	2,080	$ 46,986	$ 22.59	1
2	Assistant Director of Nursing					2
3	Registered Nurses	12,362	13,558	266,355	19.65	3
4	Licensed Practical Nurses	14,559	15,765	246,382	15.63	4
5	Nurse Aides & Orderlies	51,430	54,035	491,142	9.09	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	988	1,084	12,821	11.83	9
10	Activity Assistants	4,527	4,959	37,405	7.54	10
11	Social Service Workers	988	1,084	12,466	11.50	11
12	Dietician					12
13	Food Service Supervisor	1,914	2,080	25,054	12.05	13
14	Head Cook	7,343	7,921	61,918	7.82	14
15	Cook Helpers/Assistants	15,956	16,956	127,168	7.50	15
16	Dishwashers	2,671	2,727	16,078	5.90	16
17	Maintenance Workers	3,810	4,064	44,407	10.93	17
18	Housekeepers	10,540	11,145	82,340	7.39	18
19	Laundry	9,697	10,284	86,431	8.40	19
20	Administrator	1,944	2,080	88,026	42.32	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,529	8,137	107,014	13.15	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Ca See Sch. 20A	4,120	4,551	47,192	10.37	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	152,318	162,510	$ 1,799,185 *	$ 11.07	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	113	$ 4,907	1 (3)	35
36	Medical Director	24	5,813	9 (3)	36
37	Medical Records Consultant	16	1,550	10 (3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	935	10 (3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,124	11 (3)	44
45	Social Service Consultant	48	2,124	12 (3)	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	249	$ 17,453		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses	261	9,620	10 (3)	51
52	Nurse Aides	532	10,931	10 (3)	52
53	TOTAL (lines 50 - 52)	793	$ 20,551		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Heartland Manor Nursing Center
Provider #: 0002923
07/01/03 to 06/30/04 **Schedule 20A**

Description	Hours Worked	Hours Paid	Total Wages	Ave. Hrly Wage
Page 20: Line 32 - Other Health Care				
Care Plan Coordinator	1881	2159	27790	12.87
Unit Aides	2239	2392	19402	8.11
Total - Line 32	4,120	4,551	47,192	10.37

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
David J. Sauer	Administrator	0	$ 88,026
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 88,026

B. Administrative - Other

Description	Amount
	$
N/A	
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Duane Morris LLP	Legal	$ 6,543
James M. Grant Law Office	Legal	35
Parker, Siemer, Austin, etal.	Legal	113
Larsson, Woodyard & Henson	Accounting	7,725
Altschuler, Melvoin, and Glasser LLP	Accounting	9,581
Amer. Express Tax & Business Svcs.	Accounting	6,707
Personnel Planners	Operations consulting	1,013
Quorum Consulting	Operations consulting	3,020
Charley, Inc.	Computer consulting	3,152
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 37,889

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 49,278
Unemployment Compensation Insurance	7,361
FICA Taxes	131,826
Employee Health Insurance	98,971
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Labs & Physicals	1,330
Employee Life & Additional Health Insurance	37,829
Employee Morale	3,174
Other Employee Benefits	346
TOTAL (agree to Schedule V, line 22, col.8)	$ 330,115

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	685
Health Care Worker Background Check	228
(Indicate # of checks performed 19)	
Illinois Health Care Assoc. dues	5,346
Licenses & permits	515
NAEIR dues	475
Various dues	703
Various subscriptions	903
Miscellanous fees	540
Less: Public Relations Expense	(406)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 8,989

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
See attached	4,543
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,543

* Attach copy of IMRF notifications

**See instructions.

Heartland Manor Nursing Center
Provider #: 0002923
07/01/03 to 06/30/04 **Schedule 21A**

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)	37,889
Less: Non-allowable acquisition costs(legal)	(3,426)
Total (agree to Schedule V, line 19, column 8)	34,463

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1			$		$	$	$	$	$	$	$	$	$
2													
3			N/A										
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Heartland Manor Nursing Center # 0002923 Report Period Beginning: 07/01/03 Ending: 06/30/04

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Illinois Health Care Association- $5346**

(3) Did the nursing home make political contributions or payments to a politica
action organization? **No** If YES, have these costs
been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the
end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 yrs.**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **3,355** Line **10(2)**

(7) Have all costs reported on this form been determined using accounting procedures
consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for
Schedule VII)? YES NO **X** If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department
of Public Aid during this cost report period. $ **54,352**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V
for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to
the Department of Public Aid, in addition to the daily rate, been properly classified
in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for
the patient census listed on page 2, Section B? **No** For example,
is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach
a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefits
on Schedule V. $ **0** Has any meal income been offset against
related costs? **Yes** Indicate the amount. $ **8,968**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for
residents? **No** If YES, please indicate the amount of income earned from such a
program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **None**
d. Have vehicle usage logs been maintained? **Adequate records have been maintained.**
e. Are all vehicles stored at the nursing home during the night and all other
times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted
out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such
transportation during this reporting period. $ N/A

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Larsson, Woodyard & Henson** The instructions for the
cost report require that a copy of this audit be included with the cost report. Has this copy
been attached? **No** If no, please explain. **Audit still in progress**

(18) Have all costs which do not relate to the provision of long term care been adjusted ou
out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services
performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	230,218	14,921	6,236	251,375	0	251,375	0	251,375
2. Food Purchase	0	110,794	0	110,794	0	110,794	-8,968	101,826
3. Housekeeping	82,340	17,790	309	100,439	0	100,439	-19,200	81,239
4. Laundry	86,431	15,430	48	101,909	0	101,909	0	101,909
5. Heat and Other Utilities	0	0	79,962	79,962	0	79,962	0	79,962
6. Maintenance	44,407	4,519	50,296	99,222	0	99,222	-2,202	97,020
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	443,396	163,454	136,851	743,701	0	743,701	-30,370	713,331
9. Medical Director	0	0	5,813	5,813	0	5,813	0	5,813
10. Nursing & Medical Records	1,081,701	47,967	29,768	1,159,436	0	1,159,436	0	1,159,436
10a. Therapy	0	14,123	298,546	312,669	0	312,669	0	312,669
11. Activities	50,226	0	5,663	55,889	0	55,889	0	55,889
12. Social Services	12,466	0	2,124	14,590	0	14,590	0	14,590
13. Nurse Aide Training	0	0	1,750	1,750	0	1,750	0	1,750
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	1,144,393	62,090	343,664	1,550,147	0	1,550,147	0	1,550,147
17. Administrative	88,026	0	0	88,026	0	88,026	0	88,026
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	37,889	37,889	0	37,889	-3,426	34,463
20. Fees, Subscriptions & Promotion	0	0	9,395	9,395	0	9,395	-406	8,989
21. Clerical & General Office	107,014	11,247	10,523	128,784	0	128,784	-880	127,904
22. Employee Benefits & Payroll	0	0	330,115	330,115	0	330,115	0	330,115
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	4,706	4,706	0	4,706	-163	4,543
25. Other Admin. Staff Trans	0	0	1,224	1,224	0	1,224	0	1,224
26. Insurance-Prop.Liab.Malpractice	0	0	71,657	71,657	0	71,657	0	71,657
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	195,040	11,247	465,509	671,796	0	671,796	-4,875	666,921
29. Total General Administrative	1,782,829	236,791	946,024	2,965,644	0	2,965,644	-35,245	2,930,399
30. Depreciation	0	0	88,955	88,955	0	88,955	-2,635	86,320
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	5,258	5,258	0	5,258	-4,239	1,019
33. Real Estate	0	0	5,127	5,127	0	5,127	-5,127	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	0	0	0	0	0	0
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	99,340	99,340	0	99,340	-12,001	87,339
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	16,356	49,375	0	65,731	0	65,731	0	65,731
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42. Provider Participation	0	0	54,352	54,352	0	54,352	0	54,352
43. Other (specify):*	0	0	48,717	48,717	0	48,717	-48,717	0
44. Total Special Cost Ce	16,356	49,375	103,069	168,800	0	168,800	-48,717	120,083
45. Grand Total	1,799,185	286,166	1,148,433	3,233,784	0	3,233,784	-95,963	3,137,821

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	82,993	82,993
2. Cash - Patient Deposits	7,705	7,705
3. Accounts & Notes Recievable	523,696	523,696
4. Supply Inventory	0	0
5. Short-Term Investments	2,909	2,909
6. Prepaid Insurance	74,903	74,903
7. Other Prepaid Expenses	34,565	34,565
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	726,771	726,771
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	30,051	30,051
13. Land	54,000	24,000
14. Buildings, at Historical Cost	2,164,990	2,096,234
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	653,424	669,763
17. Accumulated Depreciation (book methods)	-1,494,216	-1,524,388
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	372	372
23. other (specify):	0	0
24. Total Long-Term Assets	1,408,621	1,296,032
25. Total Assets	2,135,392	2,022,803
CURRENT LIABILITIES		
26. Accounts Payable	182,669	182,669
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	7,705	7,705
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	220,608	220,608
31. Accrued Taxes Payable	5,428	5,428
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	0	0
37. Other Current Liabilities (specify):	976	976
38. Total Current Liabilities	417,386	417,386
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	0
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	42,628	42,628
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	42,628	42,628
46.Total Liabilities	460,014	460,014
47.Total Equity	1,675,378	1,562,789
48.Total Liabilities and Equity	2,135,392	2,022,803

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,622,754
2. Discounts and Allowances for all Levels	-25,507
Subtotal - Inpatient Care	2,597,247
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	463,744
7. Oxygen	21,980
Subtotal - Anciliary Revenue	485,724
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	8,968
15. Telephone, Television, and Radio	2,358
16. Rental of Facility Space	10,675
17. Sale of Drugs	29,977
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	0
21. Other Medical Services	99,417
22. Laundry	0
Subtotal - Other Operating Revenue	151,395
24. Contributions	1,419
25. Interest and Other Investments Income	3,960
Subtotal - Non-Operating Revenue	5,379
27. Other Revenue (specify):	0
28. Other Revenue (specify):	20,694
Subtotal - Other Revenue	20,694
30. Total Revenue	3,260,439
31. General Services	743,701
32. Health Care	1,550,147
33. General Administration	671,796
34. Ownership	99,340
35. Special Cost Centers	114,448
35. Provider Participation Fee	54,352
37. Other	0
40. Total Expenses	3,233,784
41. Income Before Income Taxes	26,655
42. Income Taxes	0
43. Net Income or Loss for the Year	26,655

Page